



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

May 18, 2012

Mr. Shawn Hallisey, Administrator
St Johnsbury Health & Rehab
1248 Hospital Drive
Saint Johnsbury, VT 05819

Dear Mr. Hallisey:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 18, 2012**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN, MS
Licensing Chief

PC:jl



PRINTED: 05/02/2012
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/18/2012
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHNSBURY HEALTH & REHAB	1248 HOSPITAL DRIVE SAINT JOHNSBURY, VT 05819

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F 000	INITIAL COMMENTS	F 000	F280
F 280 SS=D	<p>An unannounced onsite annual recertification survey was conducted by the Division of Licensing and Protection from 4/16/12 - 4/18/12. The following regulatory violations were identified. 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team; that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that 1 Resident (#110) out of the Stage 2 sample had a revised comprehensive plan of care to meet the potential/actual nutritional needs of a resident with numerous co-morbid and a newly identified</p>	F 280	<p><u>How will the corrective action be accomplished for those residents found to have been affected by the deficient practice.</u></p> <p>The Resident #110 has had his Medical Record reviewed for appropriate Nutritional Assessment and careplan. Both have been updated as needed.</p> <p><u>How will the facility identify other residents having the potential to be affected by the same deficient practice</u></p> <p>All resident have the potential to be affected. All Residents with skin integrity issues have had their nutritional assessment audited for completion and accuracy.</p> <p><u>What measures will be put on place to ensure that the deficient practice will not occur</u></p> <p>The Dietician will be re-educated on Nutritional Careplans for appropriate focus, goals and interventions related to wound healing.</p> <p>The Dietician will be re-educated on the policy for completing dieticians assessments and Skin Care Management Policy.</p> <p>Reviewed the federal and state regulations for identifying dehydration risk factors</p> <p><i>Accepted L. D. [Signature]</i></p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STREET ADDRESS, CITY, STATE, ZIP CODE

1248 HOSPITAL DRIVE

SAINT JOHNSBURY, VT 05819

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F 280	<p>Continued From page 1</p> <p>medical condition. The findings include:</p> <p>1. Per record review on 4/18/12, Resident #110 was admitted on 1/17/12 with diagnoses that included: Renal Insufficiency with the need for dialysis, gout, anemia, vitamin D deficiency, osteoarthritis, hypertension, hyperlipidemia and hypercholesterolemia. Per review of the Nutrition Assessment notes dated 1/20/12, Resident #110 was on a liberal renal diet that was with no added salt, that Resident #110 had good food intake, had a high body mass index, was on dialysis related to chronic renal insufficiency, takes nephrovite (nutritional supplement), that Resident #110 had sutures and deep tissue injury, that Resident #110 had estimated calorie needs of 1800-1900 calories, estimated protein needs of 70-80 grams and estimated fluid needs of 1800-1900 milliliters.</p> <p>Review of the nurses' notes dated 1/27/12, a blister measuring 3 cm by 2.8 cm was noted on Resident #110's left heel, caused by sitting in a dialysis chair 3 days a week for 5 hours at a time. Per review of the Nutrition Care Plan dated 1/20/12 there was no evidence that the care plan had been revised to reflect the potential/actual nutritional needs of Resident #110 after the discovery of an unstageable pressure area on the left heel. Per interview on 4/18/12, with the Registered Dietician (R.D.) at 10:50 AM, he/she indicated that there was no revision of the nutritional care plan addressing the potential/actual nutritional needs of Resident #110 after the discovery of an unstageable pressure area on the left heel. Per interview with the R.D. on 4/18/12 at 1050 AM, he/she indicated that the Nutritional Care Plan dated 1/20/12 was</p>	F 280	<p>and facilitate early interventions as warranted.</p> <p>Reeducated on the documentation of hydration status, relevant laboratory and clinical information.</p> <p><u>How will the facility monitor its corrective actions to ensure that the deficient practice will not reoccur</u></p> <p>Administrator or designee or will conduct random audits on careplans for all residents with pressure ulcers and deep tissue injury weekly x's 12. Results will be reported and reviewed at the QA committee monthly and will be reassessed on a quarterly basis.</p>	

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F 280	Continued From page 2 not specific to the Nutritional needs of a Resident #110 who had diagnosis that included Renal Insufficiency with the need for dialysis, gout, anemia, vitamin D deficiency, osteoarthritis, hypertension, hyperlipidemia and hypercholesterolemia.	F 280		
F 282 SS=D	Refer also to F325 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to implement the written plan of care for one resident (Resident #17) of the Stage 2 sample group by failing to ensure dialysis information was communicated between the facility and the dialysis center, and failing to monitor the resident's condition after dialysis. Findings include: 1. Per record review, Resident #17, who has a diagnosis of end stage renal disease, has a plan of care for dialysis treatment that includes monitoring for "changes in vital signs, ie. hypotension (low blood pressure)". The plan of care also includes a "communication book to be sent with (Resident #17 to the dialysis center) to communicate information and reviewed by facility nurse upon return". Per interview with Resident #17's Nursing Unit Manager (UM) on 4/18/12 at	F 282		

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F 282	<p>Continued From page 3</p> <p>8:43 A.M. the dialysis communication book contains the vital signs for Resident #17 prior to dialysis and any facility concerns regarding the resident, along with the most recent vital signs and treatment information generated by the dialysis center. After dialysis the communication book is returned to the facility with the vital signs and treatment information from that day's dialysis, vital signs are taken by the facility. The UM or a Registered Nurse (RN) are then to review the vital signs and dialysis information.</p> <p>Per interview, the UM confirmed the information contained in Resident #17's dialysis communication log was outdated and was missing dates. The UM confirmed there were missing vital signs and no treatment information in the communication log and/or the resident's chart for 3 of 13 treatment days for March 2012 (3/26, 3/14, 3/2) and no documentation of Resident #17's vital signs and treatment information being reviewed by the UM or an RN on those dates per the plan of care.</p> <p>2. Per record review, after treatment on 3/26/12 the Dialysis Center reduced Resident #17's dose of Atenolol (used to treat high blood pressure) due to "low blood pressure while at dialysis". Per review, Resident #17's blood pressure during dialysis on 3/26/12 reached a low of 84/45 ["according to the Mayo Clinic, low blood pressure is defined as below 90/60]. Per interview on 4/18/12 at 8:43 A.M. the UM confirmed there was there was no record of Resident #17's blood pressure taken at the facility before or after dialysis on 3/26/12, and no documentation that the plan of care regarding monitoring vital signs was performed on 3/26/12</p>	F 282	<p><u>How will the corrective action be accomplished for those residents found to have been affected by the deficient practice.</u></p> <p>The Resident #117 Dialysis record has been reviewed, outstanding notes obtained immediately and have been reviewed each time by the Unit Manager or an RN.</p> <p>Resident #117 had a new order to decrease atenolol and has had no further incidents of hypotension.</p> <p><u>How will the facility identify other residents having the potential to be affected by the same deficient practice</u></p> <p>All residents have the potential to be affected. All residents who attend Dialysis have had their dialysis folders and medical record reviewed for change in status.</p> <p><u>What measures will be put on place to ensure that the deficient practice will not occur</u></p> <p>Licensed nursing staff will be re-educated on protocol for reviewing the residents Dialysis Folder upon return from Dialysis</p> <p><u>How will the facility monitor its corrective actions to ensure that the deficient practice will not reoccur</u></p> <p>Residents who attend Dialysis will be reviewed at morning clinical for change in condition DNS or designee will</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

ST HEALTH & REHAB

Fax 1-802-748-6503

May 14 2012 04:47pm P006/009
FORM APPROVED
CMS NO. 0938-0361

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/18/2012
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F 282	Continued From page 4 when Resident #17's treatment required adjustment due to low blood pressure. Reference: http://www.mayoclinic.com/health/low-blood-pressure/DS00590 .	F 282	conduct random audits on all Dialysis residents weekly x's 12. Results will be reported and reviewed at the QA committee monthly and will be reassessed on a quarterly basis.	
F 325 SS=0	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that one Resident (#110), identified in the Stage 2 sample was provided nutritional care and services consistent with the resident's comprehensive assessment. The findings include: 1. Per record review on 4/18/12, resident #110 was admitted on 1/17/12 with diagnoses that included: Renal Insufficiency with the need for dialysis, gout, anemia, vitamin D deficiency, osteoarthritis, hypertension, hyperlipidemia and hypercholesterolemia. Per review of the Nutrition Assessment notes dated 1/20/12, Resident #110	F 325	<u>F282</u> <u>F325</u> <u>How will the corrective action be accomplished for those residents found to have been affected by the deficient practice.</u> The Resident #110 has had his Medical Record reviewed for appropriate Nutritional Assessment and careplan. Both have been updated as needed. <u>How will the facility identify other residents having the potential to be affected by the same deficient practice</u> All resident have the potential to be affected. All Residents with skin integrity issues have had their nutritional assessment audited for completion and accuracy.	

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F 325	Continued From page 5 was on a liberal renal diet that was with no added salt, that Resident #110 had good food intake, had a high body mass index, was on dialysis related to chronic renal insufficiency, takes nephrovite (nutritional supplement), that Resident #110 had sutures and deep tissue injury, that Resident #110 had estimated calorie needs of 1800 -1900 calories, estimated protein needs of 70-80 grams and estimated fluid needs of 1800 -1900 milliliters. Review of the nurses' notes dated 1/27/12, a blister measuring 3 cm by 2.8 cm was noted on Resident #110's left heel, caused by sitting in a dialysis chair 3 days a week for 5 hours at a time. Per review of the Nutrition Notes there was no evidence that Resident #110 was assessed for nutritional needs after the discovery of the pressure area on his/her left heel identified on 1/27/12. Per review of the facility policy titled Skin Care Management (revision date 1/1/2006), "all residents identified as having impaired skin will be evaluated by the Registered Dietician for nutritional status in a timely manner." Per review of the weekly skin/wound meeting notes dated 1/27/12 to 4/18/12, there was no evidence that there was any plan discussed or created during the weekly skin/nutrition at risk meeting to address Resident #110's potential change in nutritional needs related to existing health conditions and the discovery of a new pressure related area on the left heel. Per review of the weekly skin/nutrition risk meetings they notes indicated that Resident #110 was refusing to take his/her Neprovite (a nutritional supplement for individuals with renal failure) and it had been discontinued due to	F 325	<u>What measures will be put on place to ensure that the deficient practice will not occur</u> The Dietician will be re-educated on Nutritional Careplans for appropriate focus, goals and interventions related to wound healing. The Dietician will be re-educated on the policy for completing dieticians assessments and Skin Care Management Policy. Reviewed the federal and state regulations for identifying dehydration risk factors and facilitate early interventions as warranted. Reeducated on the documentation of hydration status, relevant laboratory and clinical information. <u>How will the facility monitor its corrective actions to ensure that the deficient practice will not reoccur</u> Administrator or designee or will conduct random audits on careplans for all residents with pressure ulcers and deep tissue injury weekly x's 1,2. Results will be reported and reviewed at the QA committee monthly and will be reassessed on a quarterly basis. F325	05/14/12

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F 325	<p>Continued From page 6</p> <p>refusals on 2/15/12. There was no evidence in the meeting notes or dietary notes that a discussion or plan was created on meeting Resident #110's nutritional needs without the added supplement. Review of the Nurses' Notes indicated that Resident #110 had not met the nutritional plan of fluid intake of 1800-1900 milliliters (cc's) daily on 1/26: 1020 cc's, 3/18: 1380 cc's, 3/20: 820 cc's, 3/22: 720 cc's, 3/23: 720 cc's, 3/25: 1512 cc's, 3/26: 1080 cc's, 3/29: 720 cc's, 3/31: 960 cc's and 4/4 840 cc's. There was no evidence that the Registered Dietician addressed the resident's failure to meet his/her daily fluid intake requirements on these dates and create a plan to prevent future fluid deficits.</p> <p>Per review of the Nutrition Care Plan dated 1/20/12 there was no evidence that the care plan had been revised to reflect the potential/actual needs nutritionally of Resident #110's after the discovery of an un-stageable pressure area on the left heel. Per interview on 4/18/12, with the Registered Dietician at 10:50 am, he/she indicated that there was no revision of the nutritional care plan addressing the potential/actual needs nutritionally of Resident #110's after the discovery of an un-stageable pressure area on the left heel. The RD also confirmed after review of documentation on the skin/nutrition weekly risk meeting notes, the notes did not reflect a plan to address any potential/actual nutritional needs of Resident #110 with diagnosis that included: renal Insufficiency with the need for dialysis, gout, anemia, vitamin D deficiency, osteoarthritis, hypertension, hyperlipidemia and hypercholesterolemia. The RD also confirmed during interview on 4/18/12 that Resident #110</p>	F 325		

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F 325	Continued From page 7 had not been assessed by the RD after the discovery of an un-stageable pressure area was identified on 1/27/12. Per interview on 4/18/12 at 10:50 AM, the RD confirmed that a plan had not been created to address the discontinuation of Nutritional Supplementation related to Resident #110's refusals and how to meet Resident #110's nutritional needs. Refer also to F280	F 325		